

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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BUSHWHACKING.

The Phenomenon's organ, driven from the open field, has adopted a guerrilla system of warfare, having been totally unable to defend the double-barreled school it represents. First, under the name of Thos. J. Wilson, M. D., it took a shot at us, with a heavy gun loaded to the muzzle with allegory. The next of the "*simulacra*" conjured up was Morbison, a pretended graduate of the University, whose delicate stomach was unable to bear the recent conduct of his *alma mater*, and was particularly nauseated by the truculent News. Both of these bore so unmistakably the ear-marks of our neighbor that their attacks were not hard to bear, and since their exposure they have disappeared entirely. The next time we were bushwhacked was by a squad of the Bobolink-Ortolans in a daily newspaper, but from the peculiar use of the adjectives in their little gun we easily recognized our old friend Wilson-Morbison. Well, we do n't feel hurt much by these bushwhacking affrays, but think, as our neighbor can not defend the nondescript school in regular warfare, he should hang out the white flag and surrender.

We promise to allow them all the honors of war, flags flying, drums beating, the officers wearing their side arms, etc., but if we catch the guerrillas, can only promise them a drum-head court-martial. While we will not apply to the organ the ugly sentence put into the mouths of the poor Bobolink-Ortolans about us, viz., "that it deserves the condemnation of honest men and respectable physicians," we do think it would commend itself more to respectable physicians by pointing out the "persistent

falsehoods" of the News, than by the bushwhacking abuse so freely lavished upon us. It is a pretty safe conclusion that, when plain statements are answered by abuse only, the party is defeated which can find no other defense.

In conclusion we would modestly hope that the good-nature under abuse shown by the News in all this controversy will "commend it to all honest men and respectable physicians."

AN INTELLIGENT JUROR.

In the Philadelphia Medical Times of Jan. 6th is the following editorial note:

"If it be possible to open the eyes of the American people to the disgraceful condition of medical education in America, our Western *confrères* will probably end their labors by the performance of the miracle. At Louisville, Kentucky, the rival journals, both in the interests of certain schools, both of a partisan type, weekly make their charges and counter-charges, and the daily papers are by no means avoided by the champions of the several interests. Now public attention is being drawn most forcibly to the subject. The Siamese institution variously known as the Louisville Medical College and the Kentucky School of Medicine has been dragged in its medical college body into the courts by a Mr. Sale, who sues for a return of the fees which he had paid for instruction. Before all the credit of the profession has been pulverized, we trust that the Kentucky legislature will destroy the evil by the adoption of a system of public state examinations."

Too much Schuylkill has obscured the discriminating powers of the Philadelphia Medical Times, or, possibly engaged in a Quixotic reform role—one ciphered out in a library—it can see nothing but a partisan fight in the practical war which this journal wages against a giant humbug whose influ-

ence extends to the uttermost parts of the Union. We confess that we had wished to win the Times as an ally, and were sorry to see how little impression we had made upon it as an advocate for the profession against the Kentucky-Louisville sham. We can hardly believe that we have failed to set forth properly the merits of the case, for we have carried conviction to many important quarters, and are forced to believe that the trouble is "extrinsic," as our contemporary would observe; that we are in fact in the same predicament as was Mr. David Paul Brown, in a law-suit which he conducted in the ancient village now inhabited by the Times. "It was a most important suit," said Mr. Brown, "and I anxiously scanned the faces of the twelve men who were to decide it. One especially struck me, of most genteel appearance and wise-looking beyond expression. I determined to address much of my argument to him, and to rely upon his influence with his fellow jurors when they came to make up the verdict in the jury-room. When the lawyers had finished, and the judge gave his charge to the jury, he remarked to them that if any law terms which had been used during the trial by the counsel were not clearly understood he would be happy to explain. Imagine my horror," said Mr. Brown, "to see my champion jurymen arise and request the judge to tell him the meaning of *plaintiff* and *defendant*!"

We are afraid that if we can not challenge the right of the Philadelphia Times to sit further in this case, we must apply for a change of venue.

It was to have been hoped that when the American Medical Weekly changed into a bi-weekly journal that it would have seized the opportunity of clearing its pages of disgraceful advertisements. Yet it still flaunts that of the Kentucky spring attachment on its cover. There is some sign of improvement, however, in the breast of the fallen bulldozer. The announcement of the winter session of the Phenomenon is withdrawn

from the opposite side of the leaf, and in its place that of a respectable institution (the Bellevue) is inserted. Was it awakening shame or the price of an advertisement which brought about this little reform in the Phenomenon's organ?

"ENTIRELY DISTINCT."

Sidney Smith on the Rewards of Knowledge in 1836.

For the fire of our minds is like the fire which the Persians burn in the mountains.

Love knowledge with a great love, with a love coeval with life.

Which if you are rich and great will sanctify the blind fortune which has made you so, and make men call it justice.

If you are poor, will render your poverty respectable, and make the proudest feel it unjust to laugh at the meanness of your fortunes.

Comfort you, adorn you.

Will open to you the kingdom of thought.

As an asylum against the cruelty, the injustice, and the pain.

The Phenomenon's Organ on the Rewards of Study in 1876.

For the fire of the mind is like that which the Persians burn on their mountains.

Love study with a great love, with a love enduring with life.

If he becomes rich and great, it will sanctify the fortune which has made him so, and make mankind call it justice.

If he remain poor, it will render his poverty respectable, and make the proudest feel it unjust to laugh at the meanness of his fortunes.

Comfort him, adorn him.

Will open to him the illimitable kingdom of thought.

A dignified asylum wherein he may find compensation and comfort for the bitter disappointments.

THE American Medical Weekly is no more. In its place comes the A. M. Bi-weekly. Its opening number gives the same cogent reasons why a journal should not appear oftener than once in two weeks that its predecessors gave for sending it out every Saturday. We are sorry for the change. No pleasanter vis-

itor came to us than the A. M. W. Its solemn lucubrations were at any time as amusing as "Punch." That fourteen days instead of seven should now intervene between these magnificent essays is one of the crosses of the year. Yet we suppose we brought it on ourselves; and the question arises, if within one short twelve-month we have driven the A. M. W. into the field of bi-weekly journalism, how long will it be before we promote it to a quarterly? Annihilation we dare not contemplate. We could not live without something of the old A. M. W., even if at last it comes in the shape of a yearly abstract.

In no single instance during the past year did the News fail to reach the post-office on the night preceding the day of its publication. It will endeavor to be as prompt during the coming year. The U. S. Mail, which is almost infallible in carrying letters, is not at all so with pamphlets, and should the journal fail at any time to reach a subscriber he will oblige us by reporting the fact as early as possible, that the missing copy may be supplied. Remittances should, when possible, be sent by P. O. money-order or check, and should be addressed to the publishers.

Original.

OBSERVATIONS UPON AN EPIDEMIC OF DIPHTHERIA.

BY P. E. SANDIDGE, M. D.

In 1862, during the latter part of the winter and entire spring, when I was associated with Dr. A. M. Jones, a gentleman of rare professional attainments, a terrible epidemic of diphtheria prevailed in our county, and many cases occurred in our practice. It was, in truth, no respecter of persons, attacking all, irrespective of age, sex, or previous condition. The phenomena, as observed in most cases, were about as follows: There was in the beginning a dull headache, with

drowsiness, followed by chilliness and loss of appetite. The pulse became accelerated; the tongue furred, but soft. There was enlargement of the cervical glands, slight dysphagia, occasional cough, and at times severe sick stomach. The surface temperature was increased. These symptoms were soon followed by hoarseness, and in most cases loss of voice, with the characteristic exudation upon the palate, in the larynx, or in the trachea—often in the nose.

At this stage a large per cent of our cases died asphyxiated. Those escaping asphyxia soon showed signs of exhaustion and septicaemia. The breath was fetid; the pulse increased in frequency, but diminished in volume; albumen appeared in the urine; the temperature was increased, especially about the head and face; and in a large number of cases there was more or less delirium. About this time there was swelling of the glands, lasting from two to seven days. In no case did it subside, no matter what the treatment was, until a mild, but obstinate erysipelatous inflammation emerged from the mouth, nose, or ears. In one case it came from the anus, confining itself to the scarf skin mostly. It generally spread itself all over the surface of the body, scalp, upper and lower extremities; and by the time it would disappear the patient, if not exhausted, was fairly convalescing.

The case mentioned, in which the erysipelatous inflammation made its appearance immediately around the anus, was an exceedingly interesting one. It occurred in a widowed lady, the mother of two children; previous health good; age about thirty-five years. During the first week of the diphtheritic trouble she suffered severe gastritis, attended with almost constant vomiting, followed in the second week by severe dysenteric symptoms, with frequent watery discharge of a sanguineous character. This wound up with a diarrhea, which subsided with the appearance of erysipelas around the anus. This rapidly spread itself all over the body and extremities, and as rapidly desquamating and disappearing, except at the vulva. At that

point it seemed to become phlegmonous, and spread to the vagina and womb. The diphtheritic exudation was very great, as she threw off casts of the vagina and uterus on the third day after the internal genitals became involved. She suffered great pain on micturition, frequently voiding casts of the urethra. After suffering some days in this condition she was attacked with peritonitis, which resulted fatally in eight or ten hours. We regret that we are unable to give the treatment of the case in detail; but our notes only show the fact that the patient was unable to take at any time any of the salts of Peruvian bark, they proving a terrible irritant to her stomach.

The treatment used by us during the prevalence of this epidemic was about as follows: We generally gave a good mercurial purge to begin with, followed by magnesia sulphate in eight hours, if it did not operate. The bowels being moved, the patient had quinine (from two to ten grains) with tinct. muriate of iron (five to ten drops) every four hours, sometimes using dilute sulphuric acid instead of tincture of iron. Gargles of chlorate of potash, chloride of sodium, with vinegar, dilute sulphuric acid, with a variety of domestic gargles, such as tar-water, oak-ooze, etc., were allowed, with local applications to the throat, such as tincture of iodine, poultices of salt and vinegar, tar and mustard plasters, etc.; and the probang, so potent for harm in treating diphtheria, was always in hand, with sponge saturated in solution of nitrate of silver, persulphate of iron, alum, borax, in fact any thing that promised to cauterize, corrugate, or constringe. We often applied sulphuric acid pure.

It was soon observed, however, that the stronger the caustics were, and the earlier and oftener they were applied, the sooner our patients died asphyxiated. This led us to use them less frequently and with weaker solutions. Finally we abandoned them altogether in the earlier part of the treatment of our cases, and they ceased to die asphyxiated. Quinine and tincture of iron, stimulants and tonics, were given more freely and earlier.

Chlorate of potash was used as a gargle at all stages of the disease, and taken as a disinfectant. Our cases did much better on this plan of treatment.

Before the disappearance of the epidemic we restricted the use of the probang and caustic applications to the last stage of the disease, and our patients did still better. Finally their use was restricted to those cases that suffered with indolent ulceration as a sequel to diphtheria. Since 1862 we have only met isolated or sporadic cases, until this fall, 1876, and have been in the midst of an epidemic that has been alarmingly fatal in a number of physicians' practice. We propose to give you a short history of it, as noted by us and other physicians, with the various modes of treatment resorted to, and the results, in our next.

BURKSVILLE, KY.

Reviews.

Arsenic in Skin Diseases. By L. DUNCAN BULKLEY, A. M., M. D., etc. New York: D. Appleton & Co. 1876.

Dr. Bulkley has again laid the profession under obligation to him. His essay on Arsenic in Skin Diseases, like all his publications, is thoroughly practical, and is equally interesting and useful.

For about a hundred years arsenic has been included among remedial agents, and for three- or four-score years it has passed current as the proper remedy for skin diseases. Being universally resorted to, and therefore indiscriminately prescribed, its failures have been frequent; and not only has it sinned by omission to cure, but, doubtless, sometimes also by commission of poisoning. In consequence of its maladministration by good men, and the slanders cast on it by the quacks, together with its violent deeds resultant from accident or criminality, arsenic fell into bad repute with patients, and physicians came to regard it as a very uncertain and decidedly dangerous drug. In the present day, as Dr. Bulkley says, "there is

no remedy whose action is so little understood, and withal whose effect is more uncertain, than arsenic, as generally used."

Every physician not familiar by practical experience with this medicine should peruse this little book. It contains but forty-five pages.

"It is not to be denied," says the author, "that serious results have followed the use of arsenic as a medicine, but to a less degree, I firmly believe, than is true of any other remedy of equal potency." Hebra has given it for years together to patients, and has never seen any ill effects from it. Some of his patients took during a course as much as *three hundred and fifty* grains of arsenious acid. Bulkley has never seen harm arise from arsenic properly employed. Hunt, the highest authority on the subject, says "*the reputation of arsenic as a slow poison in medicinal doses rests upon no evidence whatever.*" The same author reports that from a survey of over *fifteen thousand* recorded cases, and after having administered not less than *five hundred gallons* of arsenical solution in ten years' dispensary practice, and to some patients almost continually for seven years, he finds nothing to regret, and has never seen any deleterious results in all these cases.

Dr. Bulkley commends arsenic in the following skin diseases: those of arthritic, neurotic, and malarial origin. In eczema, psoriasis, urticaria, pemphigus, acne, and lichen, from the above-mentioned causes, arsenic is, he says, *the* remedy. The renal secretion must be maintained in proper condition, and occasional cathartics are useful. The eczemas accompanied by severe itching, and when the liver and kidneys are doing their duty, are conspicuously amenable to arsenic. In scrofulous affections arsenic is not accredited with much power by the author, but he quotes others who esteem it highly.

The following forms of its administration are respectively recommended in the order in which they are mentioned: solution of chloride of arsenic, solution of arseniate of potassa, arseniate of soda. These are made of the

strength of four grains of arsenic to the ounce of solution. They are given in two- or three-drop doses thrice daily, at or after meals, in pure water, cinnamon water, or the like. Every other day the doses are increased by a drop—*i. e.*, three drops more a day. This is continued till the curative or the physiological effects are produced. The medicine must be given with great regularity, and should be continued for some time after the cure is apparently made.

Next to the solutions stands arsenious acid in substance. For example, Hebra's Asiatic pills: R. Arsenious acid, $\mathfrak{z}\text{i}$; powd. black pepper, $\mathfrak{z}\text{vi}$; divide the mass into six hundred pills. Each contains one tenth of a grain of arsenic. A somewhat smaller dose (say one thirteenth to one fifteenth of a grain) Dr. Bulkley prefers to begin with. The number of pills is gradually increased. Arsenic should never be administered before meals or without some excipient. When employed as an escharotic the application should be so powerful as to destroy the tissues at once, thus averting the danger of absorption.

The smallest toxic dose of arsenic on record is two grains. Arsenic can not accumulate in the system. It is rapidly eliminated by bowels and kidneys. The practitioner's guide in the use of arsenic is conjunctival redness, especially of the lower lids, with puffiness beneath the eyes and a pricking sensation in the tarsi.

Children bear arsenic remarkably, and infancy is no bar to its use. Dr. Bulkley gives cases of infants three and a half months old successfully treated by large doses. Twenty drops of Fowler's solution thrice daily is about the maximum average dose reached in adults by the author.

Donovan's solution (liquor arsenici et hydrargyri iodidi) Dr. Bulkley agrees with Hunt in denouncing. Certainly a worse combination of powerful drugs was never concocted.

The foregoing is sufficient to indicate the character of the essay, and we have only to say in conclusion, Read it. L. P. V., JR.

Principles of Human Physiology. By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., F. L. S., Registrar to the University of London, etc. Edited by HENRY POWER, M. B. London, F. R. C. S., Examiner in Natural Science and in Medicine in Universities of Oxford and Cambridge, etc. A new American from the eighth revised and enlarged English edition, with notes and additions by FRANCIS G. SMITH, M. D., Professor of Institutes of Medicine in the University of Pennsylvania, Fellow of the College of Physicians, Philadelphia. Philadelphia: Henry C. Lea. 1876.

Like Watson's Practice, Carpenter's Physiology ranks among the foremost of the medical works of the last fifty years; and while, like Watson, Carpenter was the textbook of a generation of doctors preceding the present one, unlike most of the older works of modern medical science, it has by a series of carefully revised editions been kept well up with the rapid advances which are yearly being made in this as in all branches of science.

The duty of preparing these editions has of late years been intrusted by the illustrious author to Mr. Henry Power, who has performed his labors to a degree eminently satisfactory to all. The American edition has been still further improved by additions made by one of the most erudite of American teachers—Prof. Smith, of the University of Pennsylvania.

The opening and closing chapters treat of such questions as "Life and its Conditions," "The Distinctive Characteristics of Man," "The Antiquity of the Human Race," "The Differential Characters of the Human Family and of Death." They comprise interesting reading of the highest order for students of nature. In the body of the book physiology proper is dealt with—the pages every where showing a rehandling in keeping with the most modern advances in science. In classifying man he follows the argument of Huxley, and adopts the Linnæan association of man and the *quadrumanæ* in the same group. In dealing with the question of animal heat, which he does very fully, the combustion theory in its most modern garb is taught; while in that connection, as

elsewhere throughout the volume, the correlation and conservation of force is taught and applied. The vast labors of the German histologists are freely utilized, while modern physiological chemistry, spectrum analysis, sphygmography, etc., are fully elaborated. In the section on the nervous system, among other new things noticeable are Ferrier's experiments electrolyzing the convolutions, and the author's views upon unconscious cerebration, both of which topics have excited much interest outside of medical circles proper. The plates and cuts are good. The volume is gotten up in Lea's best and most durable style, which is no inconsiderable gain over the miserable temporary bindings which are issued by the various foreign publishing-houses. E. R. P.

Miscellany.

SENILE TREMBLING.—The St. Louis Clinical Record translates the following from the *Progrès Médical*: "Contrary to the vulgar opinion, which is also shared by some physicians, *senile trembling* is not common. A visit made last year to all the dormitories of the Salpêtrière, which is in great part devoted to the aged, enabled M. Charcot to collect ten cases; this year, a similar visit was less fruitful, for it furnished only five old women whom he could place before his auditors as examples of the disease in question. Dramatic authors have often depicted in their comedies the aged as excessively tremulous in head and limbs. This is an error that Shakespeare, as scrupulous in observation as he was grand in poesy, was able to avoid. In order to bring conviction to the mind we shall cite, after Charcot, a few passages borrowed from several dramas by that immortal English poet. The first is taken from Henry IV. In the second scene of the first act the judge reproves Falstaff for having corrupted the Prince of Wales. Falstaff, for the moment, pleads his youthfulness, which leads the judge to answer thus:

'Do you set down your name in the scroll of youth, that are written down old with all the characters of age? Have you not a moist eye? a dry hand? a yellow cheek? a white beard? a decreasing leg? an increasing belly? Is not your voice broken? your wind short? your chin double? your wit single? and every part about you blasted with antiquity? and will you call yourself young? Fye, fye, fye, Sir John!' It will be seen that in all these questions there is nothing about trembling. In the play 'As You Like It,' one of Shakespeare's characters, Jaques, as will be remembered, compares the world to a theater, of which the men and women are the actors. The acts of the piece played answer to the seven ages of man; the sixth, to age; the seventh, to extreme-old age; 'last scene of all that ends this strange eventful history, is second childishness, and mere oblivion; sans teeth, sans eyes, sans taste, sans every thing.' In this, as in the preceding passage, no mention is made of trembling. Not only in relation to this point in medicine, but in reference to many others, did Shakespeare show himself a faithful painter; so numerous are these that Dr. J. C. Bucknill, an English physician, has been able to write a very instructive book, not only to physicians, but to men of the world, 'The Medical Knowledge of Shakespeare.'"

THE COLD BATH IN FEVERS.—The Paris correspondent of the British Medical Journal says: "M. Sée is a great enemy to rule-of-thumb practice in medicine, or, as he terms it, 'systems,' in the treatment of disease. Although somewhat skeptical himself, he never refuses to give any new remedy or invention a fair trial; but he is very severe in his criticisms, and woe be to him who falls under his wrath, for he will show him no mercy. It is thus that he condemns the use of the cold bath so much in vogue in the treatment of typhoid fever. According to his own experience and that of many other physicians, it is not only a useless remedy, but absolutely dangerous in the treatment of this affection. Though the use of the

cold bath in fevers is not a new remedy, but an old one revived, many physicians, out of despair for something better, gladly availed themselves of it; but soon found to their cost, or rather to their patients', that it was a most treacherous remedy, at least in the treatment of typhoid fever. It is true that it reduces the high temperature of fevers; but this effect is only temporary, and often the reaction is so great as to raise the temperature higher than it was before the bath. In addition to this the cold bath in typhoid fever not only increases the tendency to intestinal hemorrhage, but it has been found to produce hæmoptysis and metrorrhagia, as lately shown by Dr. Moutard-Martin and others at a meeting of the Medical Society of Paris. M. Sée suggests that there are other means by which the temperature of the body may be reduced. Sponging the body with vinegar and water, cold or tepid, is equally efficacious and attended with less danger and inconvenience; but quinine, according to him, is *the* remedy, and ought to be more extensively employed than it generally is, as he knows of no agent—except, perhaps, alcohol—that more effectually lowers the abnormal temperature of the body, whether of man or of the lower animals."

DR. MAGNUS condemns the use of blue glasses as a protection for the eyes, and prefers the gray and smoky glasses used in England. He considers blue glass specially irritating to the eye, and says that many birds, reptiles, and amphibians have yellow or reddish oil-drops in the eye to neutralize this blue color and protect the eyes.—*Popular Science Monthly*.

A HOMEOPATHIC AUDIENCE.—"A Chair of Homeopathy" was inaugurated in the University of Buda-Pest in October, 1875. Six persons, according to the Wiener Allgemeine Med. Zeitung, constituted the audience; but before the course was concluded they had all deserted the benches.—*Brit. Med. Jour.*

TRANSFUSION AT THE LONDON HOSPITAL. The British Medical Journal reports the following case of transfusion of blood for shock following a hip-joint amputation. It will be seen in an extract which we publish elsewhere that Dr. Erskine Mason succeeded with hypodermic injections of brandy in a case very similar: "An interesting case of transfusion was witnessed last Saturday in the operating-theater of the London Hospital. Amputation at the hip-joint was being performed by Mr. Jas. Adams on a boy who had suffered from chronic osteo-myelitis of the whole femur for several years, and who had amyloid degeneration of the liver and other organs. Very little blood was lost, Lister's abdominal tourniquet and Esmarch's bandage being used; but after the removal of the limb and the ligaturing of a few vessels the pulse became almost imperceptible. Dr. Roussel being present with his transfusion apparatus, Mr. Adams determined to try the effect of introducing some blood at once. Mr. Adams yielded his own blood. The ingenious instrument answered most perfectly, and eight ounces were quickly introduced with most marked benefit. Much more would have been transfused, but, unfortunately, a dresser, in moving the right hand of the patient, knocked the instrument off Mr. Adams's arm, occasioning a considerable waste of blood. The operator, having had his arm bandaged, continued the tying up of the vessels in the flap. The boy appeared to bear the operation afterward fairly well for thirty hours; but at that time vomiting came on, and he gradually sank at 11 A. M. on Monday. Mr. Adams thinks that the instrument of Dr. Roussel makes an unnecessarily large opening in the vein, but in other respects is perfect. The nozzle of the instrument was introduced into one of the veins of the flap."

LOUISVILLE boasts of nine ophthalmologists. If it were not for the fortunate anatomical fact that people, as a general thing, have two eyes, there would be hardly enough to go around.

A BOARDING-SCHOOL CASE.—Dr. H. M. Knight says: "A frail girl at school had ten studies! A system of marking was rigidly enforced, one hundred being the maximum of good recitations, or perfection in recitation. A monthly report was sent home. All institutional and social influences were brought to bear to stimulate to perfection. The girl was obliged to send home one report, in which it was announced to the parents that she lacked two one-hundredths of perfection in one or two studies. She accompanied it with a letter of regret and self-condemnation, and expressed her determination to send better reports in the future. Alas! before the next month disease had claimed its legitimate victim, and that poor overtasked brain was enjoying such a period of rest as only the delirium of fever affords. What unmitigated outrage attends much of this so-called education of our youth! Our children need to receive that sound education which consists in the liberal educating of the faculties of the mind as a counteracting agency to the instincts—one which co-ordinates these faculties—which gives exercise to reason and judgment, at the same time that it represses without ignoring the instinctive part of our nature. Precocity is an actual danger, and should not be fostered as a wonderful evidence of talent."—*Pr. Med. Soc. of Kings Co.*

DEATH OF VON BAER.—The German journals report the death of the well-known naturalist, Karl Ernst Von Baer, at Dorpat, on November 28th. Von Baer was by birth a Russian subject, having been born in Esthonia in 1792. He studied medicine for some years at Dorpat and afterward in Germany, and in 1817 was appointed Professor of Zoölogy in the University of Königsberg. In 1834 he returned to St. Petersburg; and in 1837, by order of the Czar, explored the northern shores of Russia, and published a minute description of them, and of their animals and plants, in the records of the Academy of St. Petersburg.—*British Medical Journal.*

Selections.

MAISONNEUVE'S CAUSTIC ARROWS.

J. C. Hutchison, M. D. (Proceedings of the Medical Society of the County of Kings, Brooklyn), says:

"Maisonneuve's Arrows are Canquoin's paste of chloride of zinc made into the form of arrows of various shapes for convenience in using. The composition is as follows: chloride of zinc, 1 part; wheat flour, 3 parts; water, q. s. They are formed by rolling this paste into cakes, which are then to be divided into strips of any desirable shape or size; then by drying they may be made to assume any desired degree of firmness or tenacity. Maisonneuve uses the arrows in three forms: 1. Conical, for circular cauterization; 2. Lance-shaped, for cauterization in parallel lines; 3. Spindle-shaped, for central cauterization. The conical arrows, which I here show, were prepared for me by Dr. Squibb, nine years ago, from samples obtained from Maisonneuve himself. I used them a few days ago, and found them just as efficient as when they were first made.

"Manner of Introducing Caustic Arrows.—

The arrows, instead of being applied to the surface and destroying the tumor from without inward, are introduced into the body of the tissue, so as to effect the destruction from *within outward*. If the tissues are soft, the arrows will penetrate them; if not, a passage must be made with a scalpel. This can usually be done without loss of blood if the arrow fills the wound completely, unless an artery of considerable size is wounded, as was done in a case in which I recently removed the mammary gland by this method, necessitating the use of acupressure to arrest the bleeding.

"1. *Circular cauterization* is specially applicable to tumors which project above the surface, as in tumors of the breast and the like. The arrows are introduced around the tumors at the distance of one third to one half an inch from one another, and the tumor is effectually destroyed in one hour, or two at most. By this method very little of the healthy tissue is destroyed, scarcely any blood is lost, and there is very little reaction.

"2. *Cauterization in parallel lines*.—In this method the caustic is introduced in parallel lines, so as to divide the substance to be destroyed into thin laminae, which yield promptly to the destructive properties of the agent. This method has been found most useful in tumors that are deep-seated—as in the neck, the rectum, the uterus, etc.

"3. *Central cauterization*.—In this method an opening is made with a scalpel carried through the middle of the tumor, and the arrows are pressed into this until they are completely buried in the tissues. This method is less energetic than either of the oth-

ers, but can be employed where it would be impossible to use them, as in certain interstitial tumors of the uterus, and in superficial tumors where we wish to preserve the skin as nearly intact as possible, as in the ganglia of the neck, and also in destroying tumors of the tongue and of the tonsils.

"**Advantages of Caustic Arrows.**—The chief advantages claimed for cauterization by Maisonneuve are its power of preventing purulent infection, erysipelas, surgical fever, hemorrhage (it is a powerful hæmostatic), and other dangerous contingencies of surgical operations. If we exclude its agency as a hæmostatic, can we not obtain all these advantages in operations *where the use of the scalpel is feasible*, by the application to the wound of a solution of chloride of zinc, forty grains to an ounce of water, as recommended by the late Campbell De Morgan, Esq.? Mr. De Morgan first used chloride of zinc in cases of cancer, with the idea that the frequency of the return of the disease after operating was due to the remains of its germs on its cut surface; and he hoped that the application of chloride of zinc to the wound would destroy any cancer-germs that might be scattered over it, and thus diminish the chance of recurrence. Whether the use of chloride of zinc in the manner recommended by Mr. De Morgan diminishes the probability of the recurrence of cancer must still be regarded as *sub judice*. But it should, I think, be used, because it prevents all odor of putrefaction for several days, diminishes the dangers of purulent infection and erysipelas, and lessens inflammatory disturbance. It is especially valuable after the removal of portions of the maxillary bones or of the tongue, when, as every surgeon knows, the discharge is highly offensive for the first few days after such operations. Even Mr. Lister, with all his enthusiasm for carbolic acid, uses De Morgan's solution as a first dressing in many of his operations, which are treated antiseptically by carbolic acid; and relies upon it entirely when the situation of part is such as to make it impossible to use his favorite antiseptic dressing, or when the application must be made once for all at the time of the operation.

"Having observed the use of caustic arrows at the Hotel Dieu, Paris, in 1867, I became convinced that the method not only deserved consideration, but was a valuable addition to our surgical expedients; and during the last nine years I have used the zinc arrows in a good many cases of cancerous tumors of the breast, neck, etc.; and while I am not prepared to say that it will invariably prevent the accidents arising from traumatic injuries, as claimed by Maisonneuve, I have not seen such contingencies following its use.

"Other advantages which I think it possesses are:

1. It is painless after two or three hours, and patients walk about the room as if nothing had been done,

complaining of no discomfort whatever. 2. In addition to its caustic properties, by which the tumor is eradicated, by its antiseptic properties it keeps the parts free from odor, and healthy granulations are produced, which completely fill the gap, and leave little or no trace of a cicatrix. 3. But little inflammation is excited in the surrounding tissues, and decomposition in the wound, if it previously existed, is at once arrested; the slough is dry, and shows no tendency to putrefy. A considerable advantage is the contractile nature of the wound after its application, which becomes evident even before the slough separates.

"What Place Caustic Arrows should occupy in Practical Surgery.—In answer to this question I respectfully submit the following conclusions:

"1. Zinc arrows should be used when the disease (especially malignant disease) can not be taken away clean by the knife; more particularly if there is a fetid discharge from an open sore, with hemorrhage and pain, which is gradually wearing out the patient's strength, as in uterine and other cancers.

"2. If the tumor has more width than thickness, involves the integuments, is ulcerated upon its surface, is situated at the bottom of an old wound, and fixed, as it were, against the bones; if, in a word, it is not possible to remove the disease without causing a considerable loss of integument, then the caustic should be preferred.

"3. In those patients who absolutely refuse extirpation by the knife the use of caustic arrows is admissible, even though the skin is sound and the tumor movable, and can be removed by the scalpel, so as to leave a wound whose edges can be more or less approximated.

"4. When erysipelas, pyæmia, septicæmia, or puerperal fever are prevalent, especially in hospitals, operations should be done with caustic arrows in preference to the knife, in suitable cases.

"5. Cauterization practiced as here described is entitled to occupy a prominent place among our surgical resources."

Successful Cases of Amputation at the Hip-Joint.—In the New York Journal for December, Dr. Erskine Mason reports two cases of amputation at the hip-joint which were successful. The first was upon a boy aged eighteen, whose right lower extremity had been rendered useless and deformed by paralysis, the result of scarlet fever, when he was three years of age, and subsequently, at eight, by an injury to the knee-joint. The operation was performed on April 20th, and is thus described:

"Assisted by Drs. Markoe, Sands, and George A. Peters, Esmarch's bandage was tightly applied to the limb as high up as the point of my incision (and allowed to remain on the limb during the operation),

while an abdominal compressor was applied to the abdominal aorta, just above the umbilicus, by Dr. Peters, who most thoroughly supervised this part of the operation. The operation adopted was what is usually known as the circular method. The skin being divided with the large knife, it was drawn up by Dr. Markoe, and with a large scalpel I divided the various muscles to the ligaments, the soft parts being at the same time well retracted. As soon as the capsule was opened, Dr. Sands readily threw the bone from its socket. The anterior vessels were first ligated; the abdominal compressor was then removed, while the posterior vessels were controlled with pressure by sponges. The very small amount of blood lost was a surprise to all present. Thirteen vessels in all were ligated. It was estimated that not more than eight ounces of blood was lost during the whole operation, and half of this escaped from the limb through the femoral vein when this was severed. The fibrous capsule was then cut off close from the acetabulum, the inner half of the wound brought together with sutures, and the stump supported with straps. It was my intention to remove these sutures in a short time, and treat the stump as an open one; but so speedily did union occur, that this idea was abandoned. The pulse at one time during the ligation of the vessels sank quite suddenly; a drachm and a half of brandy was at once given hypodermically, and two ounces per rectum, which quickly restored it. At 6 P.M. of the day of the operation the patient had recovered from the ether and shock; pulse 100; temperature 98°. I saw him that night about 9; he had taken his tea, and said he felt very well. Ordered him one grain of opium, and he slept well during the night. 21st, 9 A.M.: pulse 100; temperature, 101°; says he 'feels bully'; good appetite. 6 P.M.: pulse 108; temperature 103°. The case progressed favorably, and on the 26th both pulse and temperature were normal. He left the hospital in sound health and with beautiful stump, July 18th."

The second case was upon a woman, aged thirty-five, upon whose left thigh, just below the capsule of the hip-joint, was situated what proved to be a mixed tumor (sarcoma and chondroma). On March 28th, Dr. Mason, with Drs. Markoe and Weir, attempted to remove this, and failed to do so thoroughly from the extent of its involvement. The wound failing to heal, and the tumor reappearing, amputation at the hip was performed on June 17th by the circular operation. The patient passed through varied fortune, and on September 14th "was about cured."

Dr. Mason concludes his communication with some interesting remarks. He notes the fact (from Mott's Velpeau) that Dr. Brashear, of Kentucky, was the first (1806) to perform the operation in this country. His case was successful. He quotes from Dr. Otis's "Circular No. 7:"

"1. That a primary operation for traumatic causes is not uniformly fatal.

"2. That there is much evidence to controvert the prevailing doctrine that disarticulation at the hip is an exception to the general rule requiring all amputations deemed indispensable to be performed immediately, the eighteen intermediate amputations performed during the rebellion having all resulted fatally.

"3. It is proved that secondary amputations at the hip for necrosis of the whole of the femur, or for chronic osteomyelitis following gunshot injury, may be performed with as successful results as hip-joint amputations for other pathological causes.

"4. That when, after amputations in the continuity of the thigh, the stump has become diseased, re-amputations at the hip may be done with comparative safety."

He used May's modification of Signoroni's tourniquet, but would prefer Lister's if called on again to operate. The use of the compressor he does not think is without danger.

"We are only too forcibly reminded of this in our second case, from which, as a result, we had a very serious case of peritonitis, which threatened to rob us of our patient. . . . Our experience on this point has convinced us that compression by the tourniquet, in this operation, should not be prolonged beyond the time necessary to secure the anterior vessels, the posterior ones being comparatively small, and readily controlled by pressure from sponges till severally secured."

Quoting Dr. Stephen Smith's paper on Hip-joint Amputation, in New York Journal for September, 1852, he says:

"A reviewer in the Dublin Quarterly regards the great source of mortality attending this operation as due, not to loss of blood from the cut vessels, but the abstracting so much in the limb, being one quarter or one fifth of the entire blood in the body, while the viscera still continue to act as though none were removed. Should this be the great cause of mortality, Esmarch's bandage certainly does away with it.

"As to the shock which the system necessarily sustains from the gravity of the operation itself, it has been sought to be lessened by a rapid execution of the operation. We can not, however, regard this as a valid theory. With the bandage and the compressor there can be no call for great haste; and, with great rapidity in operating, we doubt if shock is lessened, or if in any way it is of much service to the patient.

"We can not help thinking that the great thing the patient has primarily to contend against is the loss of blood, and that it is this that is the great element in causing the shock, from which it is so often said, in this operation, the patients never rallied. . . .

"After the vessels have been secured we believe it

advisable to remove all the capsular ligament which may remain around the acetabulum, as well as the ligamentum teres, and the fat that is usually found in the acetabulum. It will expedite healing of the wound and prevent the formation of sinuses, if not of necrosis of the acetabulum."

He altogether favors the circular operation, although his previous experience on the cadaver had been with the flap. It results in a better stump; the vessels not being obliquely cut can be more readily secured; and, "finally, if during the operation it be discovered that the bone may with impunity be severed just below or at the trochanters, it can readily be accomplished without any detriment to the patient; such would not be the case with the method by flaps."

Diagnosis of Sacro-iliac Disease.—Mr. Christopher Heath, in a clinical lecture on sacro-iliac disease (Brit. Med. Jour.), says of its diagnosis:

"Take a case of pain about the region of the hips: what are the symptoms which would lead you to conclude that it was sacro-iliac and not hip-disease? First, motion is limited in hip-disease; you can not move freely the thigh, because the muscles prevent it; but in sacro-iliac disease, if you take the precaution to fix the pelvis, you will find that you will be enabled to get all the movements of the hip, which shows that it is not hip-joint disease. When the patient stands, the diseased seems to be a little longer than the healthy side; and if you examine carefully, you will find that the lengthening is real lengthening; that the anterior superior spine is a little lower down than on the opposite side.

"In looking over Prof. Sayre's Lectures on Orthopedic Surgery, I find he has given a couple of drawings of sacro-iliac disease. The point they show, as you will see, is the wasting of the buttock, and that the patient's body is thrown to the healthy side, the object of the patient being to take the weight off the affected side. There is no doubt about this, and it is important to remember that the patient throws his body to the other side.

"Abscess may form either in the iliac region or behind in the sacral region, or you may have it taking the place of psoas abscess. It is very important that you should make out the nature of the abscess at once, because of the treatment. You know you may have abscess around the cæcum—perityphlitic abscess from inflammation about the cæcum—and this occurs only on the right side; but on either side you may have abscess connected with the kidney, and it may be very difficult to tell by the symptoms whether it be due to sacro-iliac disease or to kidney. You may have abscess connected with hip-joint disease; and if you see the patient in the earlier stage you might mistake it for sacro-iliac disease. You may have abscess from diseased vertebræ, in the lumbar region,

or disease in the iliac fossa itself; and you must not conclude, therefore, that it is sacro-iliac disease because of the abscess alone. The best diagnostic point is the pain produced by firmly pressing the innominate bones together, or striking the two iliac crests with the balls of the thumbs. The patient suffering from sacro-iliac disease complains immediately as a rule, and refers the pain to the affected joint. In some cases, however, pressing the parts together is not sufficient, and it is well then to try and draw the bones asunder, which will almost certainly show whether there is a tender joint or not.

"Hilton has called attention to the fact that the obturator nerve passing from the pelvis through the obturator foramen down the thigh may cause pain on the inner side of the thigh during sacro-iliac mischief."

Treatment of Sacro-iliac Disease.—"I can not but think that operating is a very serious matter in these cases. I believe the great secret of treatment is to take the cases early, and not to treat them by extension and counter-extension, but to lock the parts thoroughly together. Our object is to give the patient rest, which I do not think he will get by pulling at the limbs, for it must be remembered that we are not dealing with a joint in which the articular surfaces can be separated. I have proceeded on this plan, and I must say that our cases have done very well."
—*Ibid.*

Does General Desquamation occur after Varicella?—David H. Hadden, in *British Medical Journal*, says: "The following case may prove that scarlatina is not the only disease in which large patches of desquamating cuticle may be seen. On September 1, 1876, I visited a respectable farmer, aged about sixty-five, who was suffering from retention of urine. Wishing to do, if possible, without medical aid, his friends had given him warm hip-baths. On my visit, the parts of his body which had been immersed in the warm water were covered with a bright erythematous eruption. On the next day, well marked miliary vesicles were visible in almost every region of his body. They went through their usual stages, until, after the lapse of a week, desquamation commenced, and flakes of cuticle as large as I ever saw after scarlatina came off the palms of his hands and the soles of his feet. It was rather a curious coincidence, that three years ago I attended the same patient, also for retention of urine accompanied by an eruption of the same character, which went through precisely the same stages. On inquiry, I found that since his boyhood he has frequently suffered from an eruption of the same kind, which has always been followed by desquamation."

Dangers of the Pessary.—*L'Union Médicale* of Nov. 14 says: "Several cases were reported. In the first, a woman fifty-eight years old, afflicted with uterine prolapse (the organ projecting from the vulva) was immediately relieved by the application of the pessary. Soon after she fell accidentally, and the weight of the body came full upon the pessary. She suffered severe pain, which was followed in a few days by incontinence of urine. The pessary had penetrated into the bladder, and was withdrawn from the latter by Liston's forceps. Considerable loss of substance ensued and a permanent vesico-vaginal fistula. A second woman, thirty-five years of age, had some insignificant disorder six months after the birth of her ninth child, for which she consulted a charlatan. He applied a Gariel pessary, which produced violent vaginitis with a very profuse and fetid muco-purulent discharge. The pain and the abundance and horrible odor of the discharge finally became insupportable, and as she found no relief from the advice of the would-be surgeon, she applied to Notta. He discovered an abscess which perforated the abdominal parietes, and was followed by an intractable fistula. Another woman had granular endo-cervicitis with some hysterical symptoms, which improved under the author's cauterization and hydrotherapy, when by the advice of a neighbor she consulted the same charlatan. He applied the Gariel pessary, as usual, and produced a peri-uterine phlegmon, peritoneal inflammation, with abscesses, which in six months destroyed her life. Notta was summoned near the conclusion of the case and the unfortunate woman narrated to him the history of her sufferings with her own lips. Notta proceeded at once to institute judicial proceedings against the malfactor."
—*Chicago Journal.*

Nitrate of Silver in Phthisical Laryngitis.—Dr. J. Sawyer says, in the *British Medical Journal*: "Phthisical laryngitis is a very painful malady; and, when it has passed into its second stage, it is always fatal. It is difficult to give much relief by treatment. But I wish to speak very confidently of the good results which arise from the frequent application to the larynx of a solution of nitrate of silver: one drachm of the salt to an ounce of water. In the first stage, this remedy stimulates the nutrition of the larynx, and so combats the local anemia; in the second stage it reduces the tumefaction; in the third it checks the ulceration. In all, it deadens the morbid and painful sensibility of the affected parts. Dysphagia always arises in this disease. It is often a very serious symptom. The tumid and tender larynx makes deglutition difficult. This condition is promptly relieved by the local application I have recommended."—*Druggists' Circular.*